Minutes of the Meeting of Warwickshire County Council held on 19 February 2019

Present:
Councillor John Cooke (Chair)

Councillors Helen Adkins, Margaret Bell, Sarah Boad, Mike Brain, Les Caborn, Mark Cargill, Richard Chattaway, Jeff Clarke, Andy Crump, Nicola Davies, Neil Dirveiks, Judith Falp, Jenny Fradgley, Bill Gifford, Pete Gilbert, Daniel Gissane, Clare Golby, Colin Hayfield, John Holland, John Horner, Andy Jenns, Kam Kaur, Keith Kondakor, Jeff Morgan, Bill Olner, Dave Parsons, Caroline Phillips, Wallace Redford, David Reilly, Clive Rickhards, Kate Rolfe, Jerry Roodhouse, Andy Sargeant, Izzi Seccombe OBE, Dave Shilton, Jill Simpson-Vince, Dominic Skinner, Bob Stevens, Adrian Warwick, Alan Webb, Chris Williams, Pam Williams and Andy Wright.

The Chair welcomed members, NHS partners and members of the public to the meeting for this public interest debate.

1. General

(1) Apologies for absence

Apologies for absence were submitted on *behalf* of Councillors Jo Barker, Parminder Singh Birdi, Peter Butlin, Jonathan Chilvers, Alan Cockburn, Yousef Dahmash, Corinne Davies, Seb Gran, Maggie O'Rourke, Bhagwant Singh Pandher, Anne Parry, Howard Roberts and Heather Timms.

(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests

Councillor Jerry Roodhouse declared a non-pecuniary interest as a director of Healthwatch Warwickshire.

2. Public Interest Debate – Integrated Care System

Councillors opening statements in relation to the motion and amendments

A Councillor Les Caborn, Cabinet Portfolio Holder for Adult Social Care and Health, moved the motion set out below and was seconded by Councillor Izzi Seccombe:

'This Council believes that an integrated care system focused on communities is the right way forward for the health and wellbeing of citizens in Warwickshire,'

Councillor Caborn reminded members that the concept of integration had begun four years ago when the Chairs of both Warwickshire County Council and Coventry City Council Health and Wellbeing Boards signed the Health and Wellbeing Concordat and pledged their commitment to work together in partnership with health colleagues for the benefit of the people they represent. Councillor Caborn emphasised the

importance of the role of councillors in the health system, and in particular their key role in working with communities making them ideally placed to lead on the local health joint strategic needs assessments (JSNAs). Councillor Caborn added that councillors understand the need for transparency, have experience of working in partnership with other bodies and are often members of those bodies (including district, borough, town and parish councils). They are also used to scrutinising both the services they are responsible for and those of their health partners. Most importantly, councillors are democratically elected to represent their constituents and therefore have the legitimacy to lead in this arena.

Councillor Caborn reminded members that a lot of collaborative work is already happening, as illustrated by the recent revision of partnership arrangements with the NHS South Warwickshire Foundation Trust by which WCC commissions Discharge to Assess Services. Another example is the work with health partners in developing the 0-5 strategy.

Councillor Caborn welcomed the extra funding for the NHS but recognised that this will not be enough unless all, collectively, encourage solutions that reduce demand 'at the front door'. This means a greater focus on prevention and on the approaches being promoted during this year of Health and Wellbeing.

B Councillor Dave Parsons, Labour Group Spokesperson on the Adult Social Care and Health Overview and Scrutiny Committee, proposed the following amendment and was seconded by Councillor Richard Chattaway:

Add the words:

'*but that guaranteed sufficient and sustainable funding is the only way to create an integrated care system and the Council writes to the Secretary of State seeking assurance that the necessary funds will be available.'*

Councillor Parsons explained that he supported the principle of health integration but was concerned that, without sufficient funding, people will be paying more for less service. Councillor Parsons observed that the 2% increase in council tax that councils were allowed to levy for social care would end next year and that the future funding of local government also remains unclear. Councillor Parsons concluded by stating that he wished to see a strong, healthy and vibrant NHS and supported integration but that this could only happen if it is adequately and sustainably financed.

Councillor Les Caborn indicated that he accepted the amendment.

C Councillor Jerry Roodhouse, Leader of the Liberal Democrat Group, proposed the following amendment and was seconded by Councillor Bill Gifford:

Amend the motion at A as indicated by the words in italics:

'This Council believes that *we need a more transparent and accountable health and social care system that listens more closely to patients, carers and our residents, before moving towards* an integrated care system focused on communities for the health and wellbeing of citizens in Warwickshire.'

Councillor Roodhouse referred to the NHS Long Term Plan which he considered contained some good proposals for the future of the NHS but he was concerned that it failed to provide information on funding and did not address the issues raised in the LGA's green paper on adult social care ('The lives we want to lead').

Councillor Roodhouse added that transparency, accountability and listening are key but there remained a lack of information for the public and the University Hospital Coventry and Warwickshire website (who were leading on the NHS Sustainability Transformation Partnership) did not have information other than the STP published in 2016.

Councillor Roodhouse highlighted that the King's Fund had commented that the NHS Long Term Plan underplays the role of local authorities in integrated care systems and that the systems need to prioritise engagement with partners including voluntary sector, patients and communities. Councillor Roodhouse explained that his motion sought to ensure there is engagement and a clear public communications plan before anything is rolled out.

Presentations

1. Professor Sir Chris Ham

Sir Chris Ham explained that he had taken up his role as an independent chair of the Coventry and Warwickshire STP ('Better Health, Better Care, Better Value') in January. In his view integrated care systems are a means to an end, using public resources to improve health across the population, to tackle inequalities in health and to improve the delivery of health and social care.

Sir Chris explained that he had seen many innovations across the country where integration was working, for example:

- patients getting more rapid access to see a GP
- innovation in mental health services (e.g. crisis cafes in high street premises rather than the traditional mental health services)
- focus on prevention through an asset based approach and pooling of resources. A key example of this can be found in Wigan where the Council and NHS have involved people, communities, partners and the voluntary sector, working with people not 'doing things to them'.
- Hospital services (e.g. Dorset highly specialised services being delivered more effectively).
- Many examples across the country of health and social care joining up in localities and neighbourhoods using social care alongside health care to deliver improvements.

Sir Chris emphasised that an integrated care system is one of the means of delivering these improvements and he believed that integrated care systems must involve local authorities as equal partners. They must also involve the voluntary and community sector so that the best use can be made of all the assets, including public spending, people and communities as exemplified in Wigan.

Sir Chris recognised the legitimate concern with regard to the lack of transparency when the STPs were first established in 2016 and gave his assurance that he and his colleagues would ensure that the process over the next six to nine months is inclusive and transparent. He added that he had not seen any evidence in the development of STPs or ICSs of a greater private sector involvement. They are, at their core, public sector partnerships between NHS and local government, with voluntary and community involvement.

Sir Chris added that the three clinical commissioning groups (CCGs) in Coventry and Warwickshire were currently spending around £1.56 bn in 2018/19 and with the new allocations would be spending over £2bn in 2023/24 in cash terms. There would still be some hard choices but these he considered were best made in partnership rather than organisations working independently of each other.

2. NHS Clinical Commissioning Groups

Andrea Green,(North Warwickshire, Coventry and Rugby CCG) stated that this was an opportunity for improving relationships and for shared ownership that is more tangible than before and an opportunity to transform public services together working very closely with local communities. Andrea added that it will take time but some of the partnerships already exist and are delivering the health and wellbeing strategy, but the integrated care strategy formalises this.

The health Joint Strategic Needs Assessment (JSNA) work has been undertaken collectively and has identified gaps in provision at a local level that would not otherwise have been identified. For example, in North Warwickshire, the assessment revealed cardio vascular care and teenage pregnancy as issues and work is focusing on these areas. This demonstrates how things beyond the scope of individual commissioners and providers can be tackled collectively, with the backing of councillors. The ICS provides an opportunity to build on this and to remove some of the barriers that exist and may pull in funding locally - but this will only happen if the right governance is in place.

Anna Hargrave (South Warwickshire CCG) stated that the CCGs are in a good position to develop integrated systems building on the local JSNA populations of 30k-50k. For example, the out of hospital contract demonstrates how providers and commissioners can work together to deliver benefits for the local population. In addition the GP network is already showing benefits and the JSNA work is revealing health inequalities at a local level that would not have been revealed. This has led to actions such as GP practises in Leamington focusing on diabetes with assistance from a diabetes consultant from the South Warwickshire Partnership Trust.

Anna stressed that this is not just about health and social care but about the wider determinants of health and it provides an opportunity to integrate with other public services that can enable improved health outcomes (e.g. police, housing and environmental health.) These are approaches that can be taken now and that do not require any organisational change but she recognised that sometimes what professionals and individuals want differ. She added that it will also be necessary to accept the need for different services in different areas in order to address health inequalities.

3 Dr John Linnane

Dr Linnane emphasised the importance of the JSNA which, although led by the County Council, is owned by all partners and underpins the health and social care system.

Dr Linnane made the following points:

- Warwickshire ensures good health and wellbeing with life expectancy above the national average (life expectancy for men averaging around 80 and for women 84) but in terms of healthy life expectancy there is a gap for men of around 14 years and for women 17 years. This 'window of need' is where most of the demand for health and social care is generated as people age. There is a huge opportunity to improve the health and wellbeing of everybody but in particular as people get older.
- The NHS is very good at tackling disease and accidents and most of the money is spent in the acute sector. Local government has an essential role in helping people live independently, safely and well in their own homes (for example through domiciliary care); in helping to manage long term conditions (for example working with district and borough councils in providing aids and home adaptations) and in helping people recover from serious illness through reablement services. This demonstrates how the acute and care systems must work together.
- The Health and Wellbeing Concordat sets out the principles and ways of working for all partners across health and social care. The principles are prioritising prevention, strengthening communities, coordinating services and, most importantly, sharing responsibility for health and wellbeing across the County.
- Health and wellbeing partners have formed a picture of how the services of the NHS blend with social care and the wider determinants of health, with all focused on 'place'. This has resulted in profiling need in 22 localities (populations between 30,000-50,000) and these populations also form the basis for the GP networks and other locality working. This work involves both NHS, voluntary sector and other partners.
- Integration is not just about the delivery of care but is also about prevention, early intervention and self-care and supporting communities in this.
- The integrated system is a great opportunity for the County Council to lead and shape the health and care system in partnership with NHS and many other partners (including the voluntary sector, Fire and Rescue Service and Police).

4. Jayne Blacklay – Managing Director South Warwickshire Foundation Trust(SWFT)

Jayne Blacklay focused on how SWFT has been working over the last five years to move from treating patients to helping people to help themselves but observed that the current system does not provide the most effective way of doing this. Jayne added that, from a personal perspective, collaboration is a better way or working than the competitive environment that partners have been set up to work within.

Jayne made the following points:

- The current system does not make the most of the £2bn available to it. The current system is divided into silos with SWFT board having a statutory duty to break even. It is difficult to argue for a new systems approach which will cost the same but that will not bring in any additional income. For example, there is no payment mechanism for operating a virtual fracture clinic. If a patient attends a hospital for treatment the hospital will get paid but providing expensive resources and clinicians at the 'front door' to assess the patient and support them to be at home, does not attract payment.
- Integration does work. For example, integration with Warwickshire community services has worked as it makes sure that money moves to the right place to support the patient. This did not work when it was two organisations.
- Integration also enables shared responsibility, through sharing information to ensure money is spent to make the best impact.
- It is not a quick fix but there is learning at a national level, including the King's Fund, and there are examples of effective practice that are making a difference.

5. Simon Gilby – Chief Executive of Coventry and Warwickshire Partnership Trust(CWPT)

   Simon Gilby explained that CWPT provided Mental Health and Learning Disabilities services across Coventry and Warwickshire and Physical Disabilities services across Coventry and that none of the services would be possible without partnership working, including with the voluntary and third sector. Simon explained that integration is a means to achieving better health, reduced inequalities and, in particular for CWPT, front line services working better together.

   Simon highlighted the following:

- Integration is about working better together to provide high quality care that is safe, effective and provides the right experience for users.
- It is about integration across primary, community and hospital services and also integration across physical and mental health where appropriate and across health and social care.
- It is about challenging what is defined as specialist or a generalist service and what is statutory and what is voluntary.
- We need to articulate a single message and to connect people with the things that help them lead their lives in their own communities; empower people to take greater control of their health and wellbeing; work with providers to support people to stay well at home (wrapping services around people in their own environments).
- It is also about providing hospital care when needed, that is timely, high quality and joined up.
- The focus is on health and wellbeing and recovery, which is as important in mental health as it is in physical health.
- Early intervention is important and is the focus of the new adult and young people

mental health service. This works through strong partnership with families, schools, MIND and other partners. There are already improvements and reports from patients of more joined up care, greater involvement in decision making, and support when needed.
- It is not necessarily cheaper to provide the right care in the right environment but it is more cost effective as it can help to reduce acute admissions, hospital visits and treatments and the resource saved can be used elsewhere in the system.

6.Hospice Care

Elizabeth Hancock, Maryann Evans Hospice

Elizabeth Hancock welcomed the concept of having an integrated system that ensures closer working with partners for benefit of patients and their families as an approach which has been part of the hospice's mission statement for many years. She also welcomed the recognition of the role of the voluntary and community sector as being an integral part of the integrated system.

Elizabeth explained that Maryann Evans Hospice provides community services to northern Warwickshire and the surrounding areas. Services are provided through the day hospice, hospice at home, lymphedema service, and adult and children bereavement support.

Working with local partners, both statutory and charitable, has always been an important part of the hospice approach. For example, in November 2017, SWFT and the hospice developed its rapid response service providing assessment and care for patients and families at night. A dedicated phone number is provided for those known to be approaching the end of their lives and contact details are available to a range of NHS and care professionals (including hospital emergency, GPs and ambulance crews). This enables people to remain in their own homes if they wish and the expert care contributes to their having a comfortable and dignified end of life experience.

The service was extended to Rugby area last year and a rapid response day service is being developed and piloted in Atherstone and Coleshill. The success of the service is measured by people achieving their preferred place for the end of their lives (be it in their own homes, registered home or nursing home) and in a reduction in attendances to A&E overnight and calls to out of hour services for patients and relatives. This was achieved by the pooling of resources, finding innovative solutions and sharing of risks. All of this brings improved learning and sharing of best practise, further highlighting the advantages of working together.

Elizabeth highlighted the following challenges:

- The ability of the Hospice to meet increasing demand.
- A lack of understanding of Hospice care and the services provided.
- A lack of resources – workforce and funding (most funding is from local community donations).
- The need to agree a realistic timeline for all partners.
- The potential loss of autonomy and identity which is critical for fund raising.
- Agreeing of memorandums of understanding.

Ruth Freeman, Myton Hospices

Ruth Freeman explained that the hospices provide support for those aged 18 and above who have any terminal illness, not just cancer. The day hospice supports people to live in their own homes and the hospice at home service is provided for the last four weeks of their lives. Myton Hospice is also the only hospice that provides in-patient beds for the whole of Coventry and Warwickshire (36 beds which are also used for respite).

Ruth added that it is very important for hospices to work in a collaborative way to make a persons end of life as best as it can be and that they can access the right service at the right time and where they want to be. Ruth made the following points:

- The hospices have to raise around £15m between them in any one year, with a view to doing as much good as they can for as many people as possible, but often the services are underutilised and more needs to be done to raise awareness.
- The rapid response service is being developed for the south of the County along with a single point of access system so that, as a patient's needs change, all those involved in their care make a decision about what is best for them at that time.
- Raising awareness of services will mean that more people are reached, that they will be supported earlier in their illness and be able to stay at home as long as possible with those they wish to be with. This avoids admissions to hospital.
- All services need to work together for the sake of patients and utilise all services available for patients and their families.

Angie Arnold, Shakespeare Hospice

Angie Arnold explained that the Shakespeare Hospice serves the population of south of the County and the north Cotswolds and provides a 24 hour hospice at home service, a day hospice (which is also open in the evening and at weekends) and a service to carers and cancer survivors.

Angie made the following points:

- The Shakespeare hospice is unique in being the first to provide support services for young people, an achievement recognised in an award from the Kings Fund. This includes bereavement services, transitional care for life limiting youngsters and support for young carers.
- The hospice has been successful in working with SWFT, putting counselling and complementary therapy services in Stratford Hospital, and they are working with SWFT to develop a project to rehabilitate survivors after their treatment.
- Demand is growing for palliative care services, needs are changing and hospices and partners need to change with them to see how to deliver the best care in collaboration with other organisations.

- Service delivery needs to be reviewed and the funding model is important. This needs to be done collaboratively to ensure learning from other examples.
- The third sector must be involved in the integrated care system delivery and this has started.

Public Speakers

(1) Chris Bain, Chief Executive of Healthwatch

Chris Bain explained that Healthwatch is an independent organisation whose role is to ensure the voice of the public and of patients is properly heard and that the impact on patient experience, outcomes and wellbeing of any decisions made are properly taken into account. Chris added that Healthwatch focus was therefore not on whether the integrated care system is clinically or financially sustainable but on what it may mean for patients.

Chris added that there may be potential benefits:

- The move away from hospital care
- Increased emphasis on prevention and opportunity to tackle health inequalities.
- An opportunity to tackle access and waiting times
- Possibly an opportunity to overcome problems of transport (and parking).

Chris highlighted some of challenges:

- How to ensure that those whose are seldom heard, are heard and that their views are taken into account in this new system.
- How to make the system more responsive to individual needs.
- Is there a danger in such a large system the decision makers will be remote and decisions will be taken at a distance from the patient?
- What will be in place to ensure we know it is working. Will patients be able to tell the difference?

Chris Bain concluded that the focus should be on the individual and suggested that the motion be amended to read ‘This Council believes that an integrated care system focused on *individuals* is the right way forward for the health and wellbeing of citizens in Warwickshire.’

(2) Anna Pollert, South Warwickshire Keep our NHS Public

Anna Pollert expressed support for integration of care but that pressure should be put on Government to provide adequate funding. Anna added that she did not, however, support the integrated care system for the following reasons:

- This is another ‘top down’ reorganisation by NHS England.
- Integrated care systems will operate on provider contracts which will run for 10-15 years, be open to public private partnerships and be multi million pound contracts attractive to large corporations. To assure people that the NHS will

stay public, the contracts should only be open to public bodies.

- They do not address the root cause of poor integration, which is the competition based market for health and care in England.
- Real integration is based on cooperation, collaboration and pooled resources and this is already taking place. Professionals already have multi-disciplinary teams.
- The new contracts could do the opposite of integration and involve multiple sub-contracts all based on competition.
- Health care is free whilst social care is means tested, creating a barrier to integrated care that no contract can overcome. Social care needs to be properly funded, brought into public provision and free at point of use.
- Planning should be based on population areas and adjusted to need. Fixed population annual budgets will mean treatment is provided according to budget not patient need.

(3) <u>Dennis McWilliams,South Warwickshire Keep our NHS Public</u>

Dennis McWilliams expressed his concern that the system would not provide democratic accountability and referred to the concerns regarding transparency and accountability of the STP as expressed by Council in 2016 and the continued concern raised at the Adult Social Care and Health Overview and Scrutiny Committee. Dennis reminded members that the Council had been concerned at the lack of public engagement, the lack of co-production with health and wellbeing boards, and the need for the role of social care to be recognised. The Council had also requested that the STP have an independent chair (which it now had).

Dennis added that a number of authorities have withdrawn support for their integrated care systems due to concerns about lack of public involvement, public information or proper governance arrangements.

Dennis concluded by urging that there is an increase in transparency and openness.

(6)<u>David Gee</u>

David Gee expressed concerns at the silo mentality of services, and cited an example of a GP who had told him that nobody talks to anyone else and it is getting worse. David explained that progress is being made with the roll out of place based teams and of local GPs working together but these two groups are not formally working together, which risks the formation of more silos.

David referred to past exploration of the US approach of providing poly clinics and proposed that it would be possible to have a model of ‘one stop shop’ approach in the UK where services are provided in one place, allowing a fully joined up approach, reducing bureaucracy and admissions to hospitals and making savings. This would be a community based model that did not hold GPs to account (as in the integrated care system model) but that would integrate them.

(7) Bill Kaye

Bill Kaye expressed concern at the lack of accountability in the NHS proposals and the adherence to a belief that the market system will deliver an effective service and that integrated care systems will produce efficiencies through economy of scale.

Bill Kaye stated that there is little evidence that the market system brings efficiencies and there is now a weakening of the founding principle of the NHS that it should be free at the point of delivery with treatment based on need. This is illustrated by the increasing number of people who have appointments delayed and who are being forced into the private sector.

There is no agreed figure for the cost of the internal market and it is doubtful if they could be accurately calculated as there is no clear basis on which to assess them.

Bill Kaye concluded by asking the Council to consider whether the integrated care system proposals will tackle the increasing issues of health and care provision and ensure that there is full accountability and delivery of services based on need and not on arbitrarily imposed cost restraints.

(8) Martin Drew, South Warwickshire Keep our NHS Public

Martin Drew proposed that the proposals ignore the crisis in health and social care caused by under funding and under staffing. There has been £270m cut in the Coventry and Warwickshire NHS budget over 5 years. This is at a time when demand is rising with an ageing population, and cuts across public sector services including cuts to voluntary sector organisations of up to 60%.

Martin made the following points:

- As stated by the CEO of the NHS Confederation, public health and social care are vital services but are absent from the debate about an effective care system, despite them being cornerstones of the new out of hospital services.
- Adult social care spending in Coventry and Warwickshire will have reduced by £13.5m by 2020 along with cuts to disability services
- Cuts in care budgets have put pressure on GP surgeries, A&E departments and other NHS services.
- Home help services have morphed into 15 minute visits by undertrained and under paid staff from private companies.
- People are forced to sell their homes to pay for care home fees and if a care home fails, local authorities pick up the problem.
- Social care should be a universal service, available to all on a basis of need and free at the point of use and without extra funding integration, whether vertical or horizontal, will fail.

(9) John Lister

John Lister observed that the 2012 Act disintegrated services and now efforts are being made to put them together again and made the following points on the proposals:

- Sir Chris Ham referred to the need for a ‘partnership of equals’ but local government has not been treated as an equal partner, nor has the approach to funding been equal.
- There has been no consultation with local government on the long term plan
- There are 60 uncosted commitments in the NHS Plan which are not properly worked through on how they will be implemented.
- Local government is elected and accountable to the public but the NHS is not. Until now the NHS has been a public body but there is no legal structure in the new bodies whereby the NHS will be accountable to local people.
- There has been reference to the need for transparency but this needs to be included in the motion and the partnership boards need to be public bodies that meet in public, have published papers and are subject to freedom of information.

(10) Jeremy Vanes

Jeremy Vanes explained that he now worked in Warwickshire for the Citizens Advice Service but that he had chaired the acute trust in Wolverhampton.

Jeremy outlined the experience of integration at Wolverhampton and highlighted the following:

- A group of GPs asked to be sub contracted by the Trust rather than be salaried. This relieved them of having to operate the small business element of primary care. This resulted in the transfer of 70,000 patients to the hospital list and all the data is now in one organisation, as is the money.
- All GP surgeries operate from the trust which is open 60 hours a week..
- The data can be looked at to see real time journeys and see if anyone is stuck in the system or where there are gaps in service.
- A dawn dashboard is provided so that GPs can see which patients have come into hospital overnight or the day before and can prioritise them if needed.
- There is a data warehouse that is analysed and data is shared with other GPs in the city.

The changes have brought improvements:

- A&E attendance is 31 out of 1000 nationally but at Wolverhampton is 24 in 1000
- Of those attending A&E nationally, 25-30% are admitted into hospital. The figure is 16-20% in Wolverhampton.
- There have been millions of pounds in savings and wards closed every year.

To achieve success:

- The money tug of war has to be overcome
- Data must be shared (legally)
- It is not one organisation taking over another. There must be a middle way.

Council Debate

The following points were made by members in the debate:

Current examples of the integration and partnership working

- The Council already operates a level of integration between social care and the NHS but it will become more important that a track is kept on where money is spent and in particular voluntary and community sector protected and nurtured.
- Delayed Transfer from Hospital figures have shown a great improvement saving £1.7m but this saving is benefiting the hospitals who can then get more people in beds for whether they get paid. Whereas it will be costing Adult Social Care. The benefits need to be shared so that good work can continue.
- Special educational needs provision now spans 0 – 25 years and integration is essential and is working well.
- Warwickshire Fire and Rescue Service are providing home resettlement service for older people leaving hospital (running from George Eliot and Warwick hospital) and doing safe and welfare checks in the home and can refer to specialists.
- The South Warwickshire GP Federation is a limited company covering 32 GP practises sharing resources and training. They also provide emergency care practitioners (who used to be in ambulances) to go to people in their homes rather than send them to GPs. This is a good approach but more needs to be done as many people do not know how to manage their health condition and many could be helped without requiring them to visit a GP so saving resources as well as the time and potential cost for the patient.

Examples of local area initiatives as a result of JSNA/local partnership working

- The local JSNA work In North Warwickshire, has resulted in practical solutions including a health store in Atherstone that provides advice for young people (and the building includes an outreach mental health early intervention service); mini health checks in response to identification of cardio vascular issues and the edible links project.
- Breakfasts in schools are also being provided and feeding children during school holidays is considered

Funding

- The Secretary of State needs to be aware of the need for sustainable funding to ensure the system works and to ensure there is public accountability.
- More responsibility has been given to local government but money has been cut (for example there has been a cut to the public health budgets).
- Some local initiatives (especially those providing food and essentials) whilst welcome, are filling a gap caused by reduction in services and financial pressures felt by the public

Public and partner involvement

- There needs to be scrutiny and a board set up to oversee this whose membership includes members of the community, including the voluntary sector and charities.
- The public and users should be involved and consulted on service provision.
- Involving patients, families, carers is important and providing services *with* people rather than *to* them.
- Services need to be developed from bottom up on local basis and customer led and councillors have a role in ensuring it is customer led.
- There needs to be adequate planning for health (in terms of design of the environment, transport etc.) and more improvements health activity .
- Local government provides many services that play a part in health improvements (such as transport policies that tackle air quality, encourage walking/cycling etc).
- There needs to be more information between partners about the range of services provided for people.

Integration models

- The system is large and complex and to solve problems re design needs to be from the bottom up (starting with needs assessment), get buy in from local services and have multidisciplinary hubs.
- There is a danger that integration leads to a larger organisation which in turn leads to having more non specialists in senior positions and a less flexible organisation.
- Integration is difficult when the two key partners (NHS and Social Care) are funded differently and one is means tested.

Improvements that are needed

- There needs to be better information and sign posting of services and health information at a local level.
- The voluntary sector and partners need to be used in a more coordinated way, setting up of local boards to implement actions.
- Mental health in schools is not working as well as it should for pupils and newly

qualified teachers. In particular assessments for children and young people is still too long.

- There remains a lack of GPs and it takes too long to get a GP practise in some areas.
- The single point of contact principle for patients has been talked about for years but is still not in place at a local level. This should be looked at regularly and feedback sought to ensure it is working
- The Ambulance service has found that information on how to access services and appropriate staff is not kept up to date or is not filtered down to the people who need it.
- Ambulance and 111 service are not fully integrated in that someone can call 111 and be referred to the ambulance service but if they ring the ambulance service they cannot be switched to 111 but have to re dial. They may also not be given consistent advice from the 111 service.
- There are problems with the lack of sharing of information across localities and borders (which also means patients and families having to repeat their stories).
- Patient and families access to hospitals remains a challenge.

Seconding and summing up

Councillor Bill Gifford, in seconding the Liberal Democrat Group amendment, welcomed the indication from Professor Chris Ham that there would be more transparency in developing the integrated care system than there had been with the STP and explained that the amendment also sought to ensure the public are listened to. Councillor Gifford expressed concern that collaboration between public and private bodies resulted in less transparency and accountability than collaboration between public bodies.

Councillor Gifford added that he feared that there could be a shift to a means testing of health care, as there is with social care. There needs to be clarity about the funding structure and how it will work between the organisations.

Councillor Richard Chattaway, as seconder to the Labour Group amendment, reminded members that there are pressures in the NHS and there is a need to find a solution in Warwickshire. There are around 25-30 organisations involved in health care and therefore there needs to be integration which will not be easy as it involves removing silos. In addition, there is a need for proper funding of adult social care.

Councillor Izzi Seccombe, in seconding the motion, emphasised the importance of Warwickshire County Council in driving forward what residents want from an integrated care system. Councillor Seccombe added that, just as the council had striven in a time of diminishing resources to provide services that are relevant to the public, the role of the council and individual councillors is to get what people want from an integrated care system. The challenge is to drive forward a strategic approach whilst not losing the value of local solutions which is why the Council needs to be involved. In addition, it is the input at community level by other organisations, in particular GPs who are central in communities.

Councillor Jerry Roodhouse responded to the debate by explaining that he welcomed much of what is in the NHS Plan but wished to ensure there is transparency, accountability and public engagement. He added that he did not consider the amendment would delay anything that is currently happening.

Councillor Dave Parsons responded to the debate by welcoming the assurance from Sir Chris Ham that the integrated care system is not a 'Trojan horse' for privatisation of the NHS and supported the view from the CCGs that collaboration is more effective than competition.

Councillor Les Caborn responded to the debate by making the following points:

- Social care spending has not been reduced in Warwickshire as suggested during the debate. It has increased by 28% since 2016/17.
- The impression has been given by some that the providers are remote, but they are part of the alliance that is Warwickshire County Council, Coventry City Council, SWFT, UHCW, George Eliot Trust and CWPT.
- The Warwickshire Health and Wellbeing Board will be responsible for overseeing the integrated care system and he will look at the best way of ensuring this.
- The County Council has always been, and will continue to be, open and transparent.
- The aim is to ensure equality of care and service in Warwickshire and the contributions made at this meeting gives assurance that all are heading in the same direction and the integrated care system is the tool to support this.
- He did not wish to delay the progress being made by discussing process issues which he believed would be the outcome if the Liberal Democrat Group amendment was agreed.

Councillor Caborn thanked all who had contributed to the debate.

VOTE

A vote was taken on the amendment at C which was LOST the vote being 9 for, 31 against and 1 abstention.

A vote was taken on the motion as amended at B above which was AGREED the vote being 33 for and 8 abstentions.

Resolved

This Council believes that an integrated care system focused on communities is the right way forward for the health and wellbeing of citizens in Warwickshire, but that guaranteed sufficient and sustainable funding is the only way to create an integrated care system and the Council writes to the Secretary of State seeking assurance that the necessary funds will be available.

The Chair thanked everyone for taking part in the debate, in particular the guest speakers and members of the public.

The meeting closed at 1.25 p.m.

Chair…………………………………………